

S.239

An act relating to enrollment in Medicare supplemental insurance policies

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 8 V.S.A. § 4080e is amended to read:

§ 4080e. MEDICARE SUPPLEMENTAL HEALTH INSURANCE

POLICIES; COMMUNITY RATING; DISABILITY

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(d) The Department of Financial Regulation shall collaborate with health insurers, advocates for older Vermonters and for other Medicare-eligible adults, and the Office of the Health Care Advocate to educate the public about the benefits and limitations of Medicare supplemental insurance policies and Medicare Advantage plans, including information to help the public understand issues relating to coverage, costs, and provider networks.

Sec. 2. MEDICARE SUPPLEMENTAL COVERAGE; MEDICARE

ADVANTAGE PLANS; DEPARTMENT OF FINANCIAL

REGULATION; REPORT

(a) The Department of Financial Regulation shall convene a group of interested stakeholders, including representatives of the Community of Vermont Elders, the area agencies on aging, and the Office of the Health Care Advocate, to consider issues relating to the availability of, enrollment in, and use of supplemental coverage by individuals enrolled in Medicare or a

Medicare Advantage plan. A majority of the stakeholders shall not have a financial stake in any Medicare supplemental coverage or Medicare Advantage product.

(b) The stakeholder group shall examine:

(1) the options available to older Vermonters, Vermonters under 65 years of age with end stage renal disease, and Vermonters under 65 years of age whose disabilities make them eligible for Medicare, through Medicare supplement and Medicare Advantage plans, the affordability of these options, and the extent to which the State may regulate or otherwise affect the options offered to Medicare beneficiaries in Vermont, including the marketing and advertising of these products;

(2) the effects of annual or continuous open enrollment periods for Medicare supplemental coverage available in other states, including whether they have led to adverse selection or higher rate increases, or both; other options for enabling Vermont residents to enroll in Medicare supplemental coverage after their initial open enrollment period ends without experiencing higher premiums or financial penalties; and the extent to which an open enrollment change for Medicare supplemental coverage would be likely to increase access to affordable coverage for eligible individuals and to reduce medical debt;

(3) whether Vermont residents are receiving accurate information about Medicare supplemental coverage and Medicare Advantage plan options and sufficient assistance with selecting products that are in their best interests and, if not, how to best remedy the situation;

(4) the reasons that some Medicare beneficiaries do not have secondary coverage and the policy options available to increase their access; and

(5) any other issues that the Department deems appropriate relating to the availability of, enrollment in, and use of supplemental coverage by individuals enrolled in Medicare or in a Medicare Advantage plan.

(c) On or before January 15, 2023, the Department of Financial Regulation shall provide its findings and recommendations regarding Medicare supplemental coverage and Medicare Advantage plans, including any recommendations for changes to Vermont law, to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance.

Sec. 3. EFFECTIVE DATE

This act shall take effect on passage.